

MORNING GLORY INTERNATIONAL SCHOOL

Bingerville before ESIE District of Abidjan

06 BP 768 Abidjan 06

Tel: 22 40 13 43 / 4

Fax: 22 40 13 44

Email: dmensah@aviso.ci / mgis@aviso.ci / mgis_admin@aviso.ci

APPLICATION FORM

Child's Surname :

Other Names :

Date of Birth :

Father's Name :

Mother's Name :

Guardian's Name (if applicable) :

Father's Employer : Occupation

Mother's Employer : Occupation :

Tel: Father's Office:..... Mother's Office :..... Residence :

Electronic Mail (E-mail):.....

Nationality: Child:..... Father :..... Mother :

Are both parents living Together?:..... Separated:..... Divorced:.....

Languages Spoken (child) :

Language in which the child has been educated in :

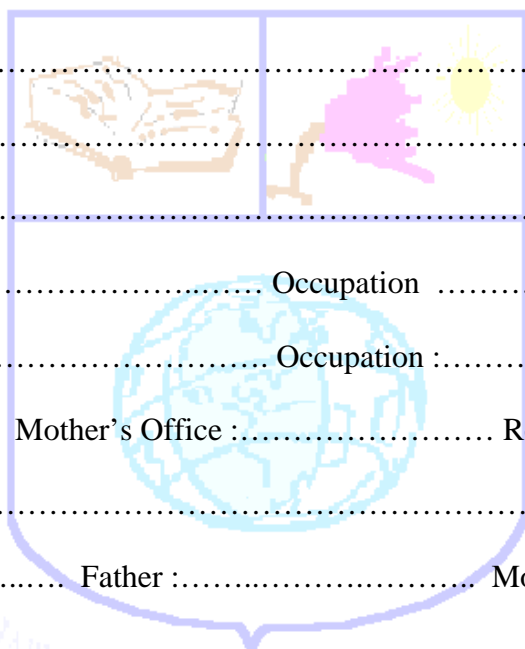
Has your child ever been requested to withdraw from any School?

If yes, reason :

Who will pay School fees? Parent :..... Guardian :..... Employer :

Child's Hobbies:.....



Postal Address:.....



Home Address: please describe the location. Attach a map if necessary :

Previous Schooling :

Applicant has completed :

	.....	years of Nursery / Kindergarten
	.....	years of Primary / Elementary
.....	.....	years of Secondary School

Name of School	Address	Date From	Attended to	Last Class Reached

How did you first learn about Morning Glory? Select where applicable:

- Newspaper T.V. Radio MGIS Website Conference or Exhibit
 Parent Friend Relative MGIS Student MGIS Faculty
 Teacher / Counselor at your school MGIS Admissions Representative MGIS Alumnus/Alumna
 Other (specify) _____

For Official Use Only

Date of Reg. Reg. No

Date of Admission Admission No

Health Record

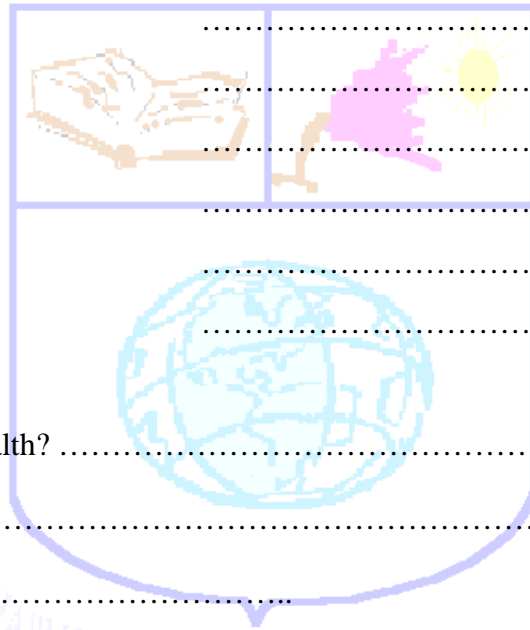
Contact Person in Emergency :..... Tel :.....

Child's Doctor :..... Address : Tel :.....

Immunization Against

Date

- | | | |
|----|----------------------------|-------|
| 1 | BCG | ..... |
| 2 | HEPATITIS B | ..... |
| 3 | DIPHTHERIA, WHOOPING COUGH | ..... |
| 4 | POLIO | ..... |
| 5 | MEASLES | ..... |
| 6 | YELLOW FEVER | ..... |
| 7 | MENINGITIS | ..... |
| 8 | ..... | ..... |
| 9 | ..... | ..... |
| 10 | ..... | ..... |



Does your child have normal good health?

If not, please specify

Is eyesight normal?

If not, please specify :.....

Is hearing normal? :.....

If not, please specify :.....

Does your child take malaria preventives When?

Please read and sign the following consent:

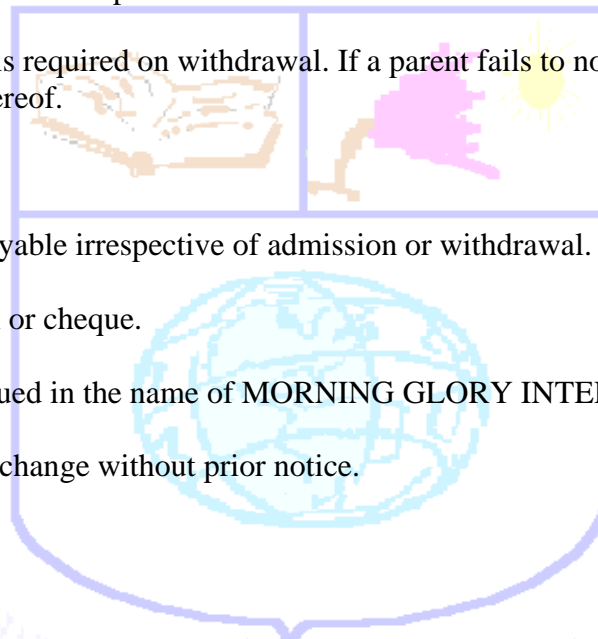
In case the School is unable to reach the family or the emergency contact named above, I authorize the School to take my child to a clinic/hospital in dire emergency, and I further agree to reimburse the School for all expenses incurred.

Parent's Signature:.....

Date:.....

REGULATIONS FOR PAYMENT OF FEES

- 1. Fees for old students are payable termly and must be paid within a month of the beginning of the term.
- 2. All new students **MUST** pay their first term's fees prior to enrollment.
- 3. Late payment will attract a penalty of 10% on the fees. If fees and penalty are still not paid by the middle of the term, the student will not be allowed into the class.
- 4. **Dishonoured cheques will attract a 10% penalty of the face value.**
- 5. If a student will be absent for a full term or a period of time and the parent wishes his/her place kept, then fees must be paid in full for the period of absence.
- 6. A term's written notice is required on withdrawal. If a parent fails to notify the School then a term's fees must be paid in lieu thereof.
- 7. Fees are not refundable.
- 8. A full term's fees are payable irrespective of admission or withdrawal.
- 9. Fees maybe paid in cash or cheque.
- 10. Cheques should be issued in the name of MORNING GLORY INTERNATIONAL SCHOOL.
- 11. All fees are subject to change without prior notice.



I agree to abide by the above regulations.
 HARMONIOUS DEVELOPMENT OF THE CHILD

Parent / Guardian Signature **Date:**